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In reply please refer to:
Prière de rappeler la référence:

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Professor Joshua Lederberg
Director
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Etats-Unis d'Amérique

12 July 1982

Dear Professor Lederberg,

As you know from my previous letter of 27 July 1981 the attempt has been made to orient the WHO Hereditary Diseases Programme towards public health problems of the member countries. Having considered the genetic approaches which can contribute to establishing, through primary health care, effective health care programmes in both developing and developed countries, the initial policies in this field have been recently formulated as outlined in the two WHO documents, which have been sent to you under separate cover (Task Group on the WHO Human Genetics Programme, Geneva 2-5 November 1981; WHO Working Group on the Community Control of Hereditary Anaemias, Geneva 9-II November, 1981).

It seems clear that health strategies both in developed and developing countries should include a forward planning for control of hereditary determined conditions though specific objectives could be quite different according to the particular country situations. However in communities where basic hospital facilities exist, the establishment of the genetic component of health services is a worthwhile objective and could considerably contribute to the improvement of health of the communities. In some countries this component of the health services has been established and inevitably expands, in others - genetic practice is being done as a result of the scientific interest of the University based genetic units. Different approaches are used for delivery of genetic services depending on the availability of the expertise, laboratory facilities and the elements of the referral system from the primary health care level to the specialised institutions. However, there is at present no general understanding of the factors involved in the definition of the genetic component of health services, such as the approaches for optimal organization of the genetic practices in communities, minimal standards for establishment of these services, local resources (personnel, equipment etc.) and training necessary for initiating the services, sources of funds and amounts for running the services, population and area coverage etc.

The ideas on the subject are evolving and it seems likely that we are at a stage where there is a need for exchange of the ideas, as an attempt to consider preliminary guidelines for establishment and delivery of genetic health services, which could be adapted for the implementation in a specific country situation.

At this stage we would appreciate your opinion and advice on the described above subject. It would be particularly valuable if you could reflect in your description your own country situation in relation to the genetic component of health services. It would be appreciated if you could also include a brief introduction with the relevant population characteristics and the current health care system in the country in question.

The implementation of this initiative will naturally depend on the type of the responses, so I am looking forward to your reply.

With kindest regards,

Yours sincerely



Dr A. M. Kuliev
Scientist
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Diseases